Audit Committee, 20 November 2018

Quality Assurance Department update

Executive summary and recommendations

Introduction

This paper provides information on the Department's priorities, and information on the audit activities that have taken place since June and activities that are due to commence in this quarter.

Decision

The Audit Committee is asked to discuss the paper.

Background information

The Quality Assurance Department was established in June, bringing together the following functions from different areas of the organisation: service and complaints (Secretariat now Governance), business process improvement (Operations), Registration, Fitness to Practise, Education quality assurance teams (from the respective regulatory departments).

The Audit Committee received a verbal update on the Department's activities on 4 September 2018.

Resource and financial implications

The activities set out in this paper are in line with the Department work plan and budget.

Appendices

None

Date of paper

6 November 2018

Key priorities for the Quality Assurance Department

1 **Establishing a risk based approach**

1.1 The Department has worked to identify the areas of greatest risk to the organisation and individual Departments based on current information. Activities have been selected and prioritised accordingly. For the regulatory departments (FTP, Registration and Education) this has involved the consideration of PSA standards and previous findings, analysis of previous audit / quality compliance activities and discussions with the heads of departments (and the FTP Improvement Project lead) regarding identifying areas of greatest risk.

1.2 From this, audit schedules have been produced with activities spread across two financial years. Audit activities have been prioritised as low, medium and high based on the level of risk they present, and where possible, the high and medium activities have been scheduled in for this financial year.

2 **Making adjustments to a centralised quality assurance model**

2.1 The Department has established independence in the quality assurance approach by taking ownership of Quality Assurance Frameworks and team work plans. At the same time, areas have been identified where collaboration is key with Department stakeholders and appropriate activities have been established, such as quarterly meetings and audit scoping activities, with the heads of the regulatory departments.

2.2 Work has been carried out to separate out quality assurance and operational activities that were the responsibility of the quality assurance teams. Therefore, operational activities (such as dealing with freedom of information requests, management of retention policies and operational reporting) were handed over from the FTP and Registration quality assurance teams to the FTP and Registration Departments in September. This has ensured that there is consistency across quality assurance teams and Departments regarding the responsibility of activities.

2.3 As operational activities have been moved out of the Quality Assurance Department, the Department has taken action to ensure the consistency of organisational wide processes that it manages. The management of the FTP complaints process (previously operated separately within the FTP Department and reporting in to the centralised process) was handed over to the Service and Complaints Manager from the start of October.

2.4 There has also been a move from quality compliance activities (meeting set departmental targets / determining if new starters meet threshold standards) to a quality assurance approach (analysis of processes to determine effectiveness and encouraging continuous improvement) in the Registration quality assurance team. Quality compliance activities have been handed over to the Registration Department and a Registration audit plan was agreed with the Head of Registration in October. Registration audits start in November.

3   **Improving oversight of quality assurance activities and sharing of outcomes**

3.1 Work has been carried out to ensure that all quality assurance reports have oversight, have more accessible language, are distributed more widely and are more broadly distributed across the organisation.

3.2 The Senior management team (SMT) are now receiving:
- Monthly Department reports. These provide an overview of Department activities as well as team level activities
- Regulatory department audit reports
- Customer Service monthly reports (outlines complaints and positive feedback received)

3.3 Oversight of the reports produced and more widespread reporting on Department activities has been established:
- The Head of Quality Assurance has oversight of all reports being produced out of the Department
- Since September, a Department report has been included in the Performance reports being sent to Council
- Regulatory department audit reports are presented to the relevant departments and the FTP Improvement Project Board (when applicable)
- Customer Service monthly reports are sent to relevant departments

4   **Encouraging continuous improvement**

4.1 The Department is undertaking reviews of its processes such as the Customer Service process, so that actions can be taken to address recurrent themes that are highlighted and to ensure that stakeholders receive as much benefit from the process as possible.

4.2 A review of the Department is planned to take place starting in November. This is to continue to review the function of the Department in light of the organisational changes, to research and consider best practice approaches (this will include reviewing other organisations models and gaining external input) and to continue to work towards a consistent quality assurance approach.

5   **Other Departmental activities - recruitment**

Recruitment activities have been completed to five roles (see below) and the Department will be fully staffed by mid-November.
- Education Quality Manager / Education Quality Manager maternity cover
- FTP Quality Compliance Manager
- Education Quality Compliance Officer
- FTP Quality Compliance Officer
- BPI Quality Compliance Auditor

6 Audit overview

This section provides an overview of the audits that have started or have been completed in the Department since June. It also highlights the audits that are due to start in this quarter.

6.1 Audits completed in this period (June to October)

Audit	Description	Outcomes	Status
FTP Investigation Committee Panel (ICP) Decisions	Audit on the quality of ICP written decisions and the key inputs that feed into the decisions 55 cases considered by an ICP between January and June 2018 were audited. This represented 30% of the cases considered in this period	• The findings of the audit show that Panel's did produce written decisions that met or exceeded the quality threshold. Work does need to be carried out to increase the number of ICP written decisions meeting the quality threshold. The audit also highlighted that the written decision is dependent on the quality of the various inputs. • The QA Department made four recommendations from this audit. These are focused on ensuring that clear processes, as well as sufficient and consistent guidance and tools, are in place and available to all parties involved in the ICP process. Where applicable the recommendations were linked to deliverables set out in the FTP Improvement Project plan.	• FTP management agreed the recommendations in full. • SMT noted the report at 6 November meeting. • The report will be reviewed by the FTP improvement Project Board (12 November meeting) to ensure that future deliverables from the FTP Department address the recommendations. • The QA Department will also track progress on the agreed activities.
FTP Interim Order (IO) Applications	Audit on IO Applications to determine whether decision making followed guidance, was clearly communicated and whether the process was meeting the required timescales 23 cases where approval for an IO Application had been made between May and July 2018 were audited. This represented 33% of the approval requests made in this period	• The majority of decisions regarding whether to apply for an IO were correct and were clearly communicated. Work does need to be carried out to increase the number of cases meeting the set timescales, from decisions to apply for an IO to the application being made before a panel. • The QA Department made two recommendations from this audit. These are focused on ensuring sufficient written guidance is in place for decision makers as well as identifying potential efficiencies in the process to reduce the amount of time taken to schedule IO application hearings.	• Audit completed, report with FTP Department to review / agree recommendations

FTP Investigation Cases	Audit on the new investigation planning process introduced in July 2018 to determine whether the process is being followed within the required timescales	• Ongoing	• Audit completed and report being finalised
BSI external audit ISO9001 (8 and 9 October 2018)	Biennial external audit	• Two opportunities for improvement identified	• Report sent to SMT and Audit Committee
BPI internal department audits	Internal audits carried out against ISO9001, ISO27001 and ISO10002 (where applicable) standards in preparation for external audits against these standards	• Non-conformities, opportunities for improvement and observations identified in audits added to improvement log	• Policy and Standards, Registration (Renewals, International), FTP (Assurance and Development, Investigations), Communication departments audits completed

6.2 **Audits commenced in this period**

Audit	Description	Status
Education business process (approval)	Audit on approval business process focused on areas of medium and high risk identified in previous audits	Audit ongoing
FTP Investigations Evaluation	Audit on the quality of investigation plans being completed. Focused on assessing whether the plans identify all the potential FTP concerns, and that the investigative steps included in the plan are proportionate and specific	Audit ongoing

6.3 **Audits to start in this quarter**

Audit	Broad description (scope determined at start of audit)
Registration Comparable Qualifications List (CQL)	An audit of the implementation of the CQL process to include a review of relevant applications and determining whether the correct process has been followed for both CQL eligible and non-CQL eligible applications
Education Programme Records	A biennial audit to check the accuracy and status of programme records through a review of specific operational activities
FTP Risk Assessment	Audit of risk assessments to assess the quality, whether guidance is being followed, and whether the assessments are completed within the required timescales
FTP Non-FTP Cases audit	An audit of recent Protection of title, Health and character declaration, and Miscellaneous enquiry cases to assess whether decisions are being made in line with guidance and concerns about registrants / applicants are being managed appropriately